

FILED MAR 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5737

BIRTH NO. 48-66156 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <i>Phelps</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>mo</i> b. COUNTY <i>Phelps</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rolla</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural. Arlington Exp?</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Underwood Maternity</i>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Brema</i> b. (Middle) <i>Lee</i> c. (Last) <i>Talbert</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Mar 2 1949</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Oct 20 1948</i>
9. AGE (In years last birthday) <i>4</i> IF UNDER 1 YEAR Days <i>12</i> Hours <i></i> Min. <i></i>		11. BIRTHPLACE (State or foreign country) <i>Rolla mo</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <i>Julius Talbert</i>	
13b. MOTHER'S MAIDEN NAME <i>Athlee Cisson</i>		14. NAME OF HUSBAND OR WIFE <i>Julius A. Talbert</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Julius A. Talbert</i>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Virus Pneumonia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Premature Birth</i> DUE TO (c) <i>—</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>776X</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Feb 28</i> , 19 <i>49</i> , to <i>3-2</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>3-2</i> , 19 <i>49</i> , and that death occurred at <i>3:00</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>M. K. Underwood M.D.</i>		23b. ADDRESS <i>M. K. UNDERWOOD, M. D. ROLLA, MISSOURI</i>	
23c. DATE SIGNED <i>3-2-49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Mar 4-1949</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Shepherd</i>		24d. LOCATION (City, town, or county) (State) <i>Dixon MO</i>	
DATE REC'D BY LOCAL REG. <i>3-5-49</i>		REGISTRAR'S SIGNATURE <i>Nadine L. Stoeck</i>	
580		25. FUNERAL DIRECTOR'S SIGNATURE <i>Leah Mueser</i> ADDRESS <i>Newburg MO</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 3/9/49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3392

P. O. Address Newburg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.